S. No. 2
M—8-43
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X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8583

State File No.

Registration District No. 120 Primary Registration District No. 5448 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Huggins Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harvey Couch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Jerusha Couch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 8 (Day) 1861 (Year)

8. AGE: Years 86 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name Clere Couch
13. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Foster
15. Birthplace Unknown (City, town, or county) Ill (State or foreign country)

16. (a) Informant Henry Couch

(b) Address Gentry Mo R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation Huggins Cemetery

18. (a) Signature of funeral director Clifford Brooks

(b) Address Albany Mo

19 March 21-1947 (Date received local registrar) (b) Homer M. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 7 year 1947 hour 3 minute 40 A M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to March 7, 1947 that I last saw him alive on March 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 weeks
Due to With Lobar Pneumonia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Charles N. Williamson (M. D. or other) DO

Address Gentry Mo Date signed 3/10/47

103 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Was not embalmed, Registered Apprentice No. , working under my personal supervision.

Signed Clifford Burks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.